

INSTRUCTIONS FOR PREPARING REAL ESTATE/MOBILE HOME TAX RELIEF APPLICATION FOR THE ELDERLY OR DISABLED

IMPORTANT

The following detailed instructions will assist you in completing each part of the application and may prevent a delay or error in making a decision on the tax relief to which you may be entitled. First, review the "ELIGIBILITY REQUIREMENTS" page included with the application. Please file your application by mailing it, along with all supporting documentation, to the Office of the Commissioner of the Revenue for the County of Chesterfield as early as possible and **not later than April 1, 2005**. In-person assistance is available in the Office of the Commissioner of the Revenue, Room 165 of the Chesterfield County Government Complex on Iron Bridge Road (Route 10). Telephone assistance is also available by calling (804) 748-1281.

THE APPLICATION MUST BE FILED BY APRIL 1, 2005

The application must be filled out in its entirety and in accordance with the following instructions.

INSTRUCTIONS FOR APPLICATION FORM

Complete all spaces on the application. Items that are not applicable to the applicant should be answered "Not Applicable" or "\$0.00" as appropriate for the question. Attach additional sheets of paper if more space is needed.

FRONT PAGE OF APPLICATION

Applicant: Enter information requested regarding name, address, date of birth, social security number, and telephone number.

Spouse or Co-owner(s): Complete all items if spouse or co-owner is living. Where spouse or co-owner is deceased, enter name and date of death. Where there is both spouse and/or co-owner(s) to be reported, use an additional sheet and identify entries by item number.

Enter name(s) of owner(s) exactly as listed on the real estate tax bill for the property on which the exemption is being requested and explain:

1. How the ownership is legally held.
2. The portion owned by the applicant.
3. Who is responsible for payment of taxes and maintenance of the property.

Check yes or no to indicate whether property exceeds one acre.

Check yes or no to indicate whether the applicant maintains the property for which the exemption is claimed as his only residence.

BACK PAGE OF APPLICATION

List the name, relation, age, and social security number of all persons related to the applicant who occupy the residence. It is not necessary to repeat those persons shown on page 1.

GROSS INCOME

Report gross income for the preceding calendar year. Gross income means income before any deductions are taken from it. Copies of the federal income tax returns of the applicant and all relatives living in the dwelling for the previous tax year must be submitted with this application, if such returns were required to be filed with the Internal Revenue Service. **Documentation of all income is required.**

Source of Income: Report income for each item listed below in yearly amounts (not per month). Where there is nothing to report, show "\$0.00" or "None."

- (a) **Salaries, commissions, etc.:** Enter total gross income earned from work or services performed whether on a regular, part-time, temporary, or "job" basis. This includes, but is not limited to, earnings from sewing, baby-sitting, yard work, etc.
- (b) **Pensions:** Enter gross total income from all pensions including military, disability, government, railroad, or other retirement plans, whether subject to federal income tax or not.
- (c) **Social Security:** Enter gross total amount, before any deductions for Medicare or Medicaid premiums.
- (d) **Interest & Dividends:** Enter total amount of interest and dividends earned on savings accounts, savings certificates, stocks, bonds, mutual funds, or other investments.
- (e) **Refundable Tax Credits:** Enter total amount of refundable tax credits as shown on your federal income tax return for 2004, such as the earned income credit and additional child tax credit.
- (f) **IRA Withdrawals:** Enter total amount received as a withdrawal or distribution from an IRA.
- (g) **Capital Gains:** Enter gain received from the sale of anything that resulted in a profit, such as stocks, bonds, real estate, businesses, etc.
- (h) **Rental Income:** Enter income received from rental of rooms, apartments, or other real estate owned, including business property.
- (i) **Insurance Payments:** Enter income received from insurance claims such as accidents, disability, or property damage (excluding amounts paid to repair/replace property). Do not include life insurance proceeds or expenses paid by health insurance policies.

Payouts from health and accident policies made directly to the policyholder when he is ill or disabled are considered income and must be reported as such.
- (j) **Welfare:** Enter any amounts received under any welfare program, such as food stamps, fuel assistance, etc.
- (k) **Gifts:** Enter any monetary gifts received but do not include small amounts received for birthday, Christmas, etc.
- (l) **Other Sources:** Enter any income received that was not reported in any of the categories listed above, such as inheritance, etc.

- (m) **Sub-Total:** Total each column for lines 7(a – l) and enter the total of each person's income.
- (n) **Deduction for Relative's Income:** Relatives (other than spouse, co-owner, or spouse of co-owner) are allowed to deduct up to \$6,500 of their income, and this is listed as a subtraction.
- (o) **Total Gross Income:** For applicant, spouse, and/or co-owner and spouse of co-owner, enter amount shown on line (m). For other relatives, enter the difference between line (m) and line (n), but not less than \$0.

Total Combined Gross Income: Add the Total Gross Income of applicant, spouse, or co-owner and spouse of co-owner and each relative living in the dwelling as shown on line (o) and enter the total.

NET WORTH

Net worth reflects the value as of December 31, 2004, of all assets, including equitable interest, of the owner(s) and spouse of any owner, less indebtedness as of the above date. Do not include the dwelling and up to one acre of land upon which the dwelling is located nor any mortgage on the dwelling.

Documentation of the value of each of the items on lines (a – k) is required.

Value of assets: For items where there is nothing to report, enter "\$0.00" or "None." Where assets are jointly owned by husband and wife, enter the full value in column 1 for the applicant and enter "Joint" or "\$0.00" on the corresponding line in the column for the spouse. Where there are assets of co-owner and spouse of any co-owner to be reported, attach an additional sheet and account for each item, identifying entries by number.

- (a) **Real Estate (in Chesterfield County – other than residence):** Enter the assessed value of any other real estate owned that is located in Chesterfield County. Attach a sheet of paper listing the address or location of the property.
- (b) **Real Estate (outside of Chesterfield County):** Enter the assessed value of any real estate owned that is located outside of Chesterfield County. Provide the address or location of the property as instructed, and **include a copy of the 2004 tax assessment from that locality.**
- (c) **Personal Property (motor vehicles, trailers, boats, etc.):** Enter the assessed value of motor vehicles, trailers, boats, etc. as of January 1, 2005. This information can be obtained by calling this office at (804) 748-1281. Please note that the assessed value of the property must be reported, rather than the amount of tax paid.
- (d) **Checking & Money Market Accounts:** Enter the balance in the accounts as shown on your bank statement as of December 31, 2004.
- (e) **Savings Accounts:** Enter the balance in the accounts as shown on your bank statement as of December 31, 2004.
- (f) **Certificates of Deposit:** Enter the value of the certificates as of December 31, 2004.
- (g) **Stocks, Mutual Funds, and Bonds:** Enter the market value as of December 31, 2004, for stocks, mutual funds, and bonds owned as of that date.

- (h) **Trusts:** Enter the net worth of trusts as of December 31, 2004.
- (i) **Life Insurance (Cash Value):** Enter the cash value of any life insurance policies held on the life of the applicant, spouse, co-owner, or spouse of a co-owner. (Refer to insurance policies for this information.)
- (j) **IRAs, Thrift Accounts, Annuities:** Enter the balance in these accounts as of December 31, 2004.
- (k) **Other Assets:** Enter the value of any other assets not listed above, such as businesses owned, mortgages held, etc., for which payment would be received if they were disposed of.
- (l) **Totals:** Add lines (a – k), showing separate totals for the applicant, spouse, co-owner, or spouse of co-owner.

Debts: On a separate sheet of paper list outstanding financial obligations as of December 31, 2004, ***only if the total asset value amount on line (l) is greater than \$109,100.***

- (a) **Notes Payable:** Enter the unpaid balance on notes, bank loans, etc., excluding any mortgages on the dwelling for which the exemption is being requested.
- (b) **Trading Accounts:** Enter the unpaid balance as of December 31, 2004, on charge accounts with merchants or on charge plans such as MasterCard, Visa, or Discover.
- (c) **Other Debts:** Enter any other financial obligations not specified above, such as amounts owed to hospitals, doctors, etc. Show to whom payment is due and the balance owed as of December 31, 2004.
- (d) **Totals:** Add lines (a – c), showing separate totals for the applicant, spouse, co-owner(s), and spouse of co-owner(s).

Net Worth: If the total value of assets exceeds \$109,100 subtract total debts from total assets, and enter the difference at the bottom of the back page of the application (just above the date).

AFFIDAVIT

Before signing the affidavit, please read the statement above the signature line. The applicant must sign and date this application.